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International Delphi study of specialist practitioner and expert parent views:

Child-parent violence initiated by children aged under 12.

CONSENSUS REPORT

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Introduction

The purpose of this present study was to examine current consensus regarding understandings and perceptions of practice in relation to child-parent violence when the behaviour is initiated in pre-adolescent children. This is a component of a larger piece of doctoral research exploring child-parent violence in pre-adolescents which – for the purpose of this study – is regarding children aged 11 and under. The following research was developed in collaboration with 34 parent co-researchers: parents of pre-adolescent children initiating child-parent violence. These parent co-researchers will henceforth be referred to as co-researchers.

A three-stage Delphi procedure was utilised to survey the views of 47 experts in the phenomenon. For this study experts included specialist practitioners working in the field of child-parent violence, parent/caregivers with lived experience of the phenomenon, and those who identify with both criteria. Experts were first asked to respond to a number of open-ended questions which addressed two broad areas: theory and practice, and values and principles. Subsequently, initial responses were grouped into a list of statements. For the following two rounds of questions, experts were asked to quantify their levels of agreement or disagreement to these statements which had emerged from the first stage of the exercise. This report provides an initial summary of the main findings from the Delphi survey.

Method

This study was completed using the Delphi technique, which was initially developed in the 1950s, in the USA, by the RAND corporation as a policy research tool. Its name comes from the oracle of Delphi; women in ancient Greece whose predictions were so revered that no political decision could be made without their wisdom. As such the technique has been used widely in international studies, including business (Schmiedel, Vom Brocke & Recker, 2013; Danilova, 2018); health (Odland et al., 2021; Downing et al., 2015); and interpersonal violence (Mikton et al., 2017; Wathen et al., 2012) to assess likely or best potential outcomes. The Delphi technique is based on the idea that 'pooled intelligence' (De Villiers et al., 2005) enhances individual judgement and captures the collective opinion of experts.

Rather than focus groups or interviews, the Delphi technique requires the design and administration of two or more sequential questionnaires in which respondents' points of view are represented to one another anonymously, like an anonymous focus group. This process allows respondents to respond as individuals and not as representative of all practitioners, or all parents, whilst affording them the time to consider and respond to other respondents statements. As the rounds progress, participants viewpoints are selected to encourage the development of a consensus, whilst also providing space for explanation for each response.

Participants were recruited using a targeting sampling approach, as is usual in the Delphi technique (Hackett et al, 2006). This was initially via invite to specific services providing interventions for families experiencing child-parent violence, and then broadened to a social media recruitment drive requesting experts, which included a post on the 'Holes in the Wall'

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webpage; a dedicated website hosting information regarding child-parent violence. A link was provided to JISC surveys, which hosted the Delphi questionnaires, and an information sheet including criteria for what was meant by expert.

In this research, experts were defined as specialist practitioners who were working with young people initiating child-parent violence, and these behaviours began before the age of 12. Alternatively, the practitioners could have been working with a young person initiating child-parent violence and there is a younger sibling in the home (under the age of 12) who had also been identified as presenting with similar behaviours. experts could also be parents of children/adults aged over 16 where their children exhibiting relevant behaviours prior to age 12. Some experts fit into both categories and therefore all experts were asked to identify if they were an expert-practitioner, expert-by-experience, or both. Experts by experience have successfully been participants in health research using the Delphi approach (Law & Morrison, 2014), and they have been included in this research to reinforce the participatory framework which underpins the wider research project.

The procedure

The Delphi has a range of practical advantages in the context of the aims of this study; in particular, it has provided an opportunity for experts to express their views and opinions, then to assess these against those expressed by other respondents in an anonymised way, unrestrained by geographical or field-based constraints.

Delphi round one

This stage ran from February 2021-April 2021 and was the most open of the three rounds, allowing extensive written responses to questions. The first-round questions included in the Delphi were developed through three processes:

1. Directly with the co-researchers by asking them individually what they would like to know.
2. Interrogating the co-researcher reflections and picking out the questions they ask of themselves.
3. Examining the first-round Delphi questionnaires from two research projects and identifying potentially useful questions and framing
    a. ‘Mapping and Exploring Services for Young People who have Sexually Abused Others’ (Hackett et al, 2003).
    b. “Normal” and “inappropriate” childhood sexual behaviours: Findings from a Delphi study of professionals in the United Kingdom (Vosmer et al, 2009).

The round one questionnaire was split into two sections: values and principles, whereby open questions allowed for unlimited commentary; and theory and practice, which still permitted open responses, but on more specific aspects of practice relating to child-parent violence.

This first-round questionnaire was initially sent to co-researchers to ensure they were happy with the questions and then piloted with five experts; three experts by experience and two experts in practice across three countries to ensure clarity of language, and that the

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inclusion of experts outside of the UK and Republic of Ireland would not create data which could be considered irrelevant to those inside of the UK and Republic of Ireland.

Based on feedback from co-researchers and overlap of responses from the pilot, several minor changes were made to improve the questionnaire; two questions were removed from the final first questionnaire which were designed to explore gender-based differences in behaviours, due to poor response or repetition. However, respondents from outside of the UK and Republic of Ireland did not provide significantly different feedback compared to the UK respondents, and so I deemed it acceptable for experts outside of the UK to take part.

The questions from the two sections are presented below:

Values and principles:

1. What are your core beliefs about child-parent violence?
2. What do you see as the most important ideas that should inform practice with young people who use violent strategies?
3. What are the underlying aims/ goals of work with this group of young people?
4. What are the essential needs of families living with this form of violent behaviour?
5. What approaches should be used for the assessment, therapeutic or treatment work with this population of children?
6. What approaches should not be used with this population of children?
7. What would you define as healthy forms of conflict initiated by children aged under 11 within the home (please give examples)?
8. How would you define unhealthy, or concerning aggressive behaviours by children under the age of 11 within the home (please give examples)?
9. Where do you think your views on child-parent violence comes from?
10. Is there specific language you think should be avoided when talking about violent, controlling, or aggressive behaviours initiated by children towards parents?

Theory and practice:

1. Are interventions for these types of behaviours always necessary?
2. How should support for families in this field be organised? If different levels of intervention or therapeutic response are necessary, what should they be and when should they be offered?
3. Should there be a minimum level of training for practitioners involved in this work and, if so, what should this be?
4. What are the major issues and challenges that practitioners face in working in this field?
5. What are the major issues and challenges that families face in living with these behaviours?

There were a total of 31 respondents in round one:

- 25 (80.6%) respondents were from the UK, two (6.5%) were from Ireland, one (3.2%) was from Australia, and three (9.7%) were from USA.

- 14 (45.2%) were experts-by-experience, nine (29%) were expert practitioners, and eight (25.8%) stated that both criteria applied to them.

Delphi round two

The second round of the Delphi ran for six weeks from April to May 2021. Responses from round one were collated, grouped, and of these statements were selected which represented a theme from each group, but would also provoke a comment-based response. 46 statements were chosen and were presented alongside a 10-point Likert scale for respondents to score how much they agreed or disagreed with each statement.

There was an increase in responses from round one to round two (from 31 to 46 responses), and 96.8% of round one respondents also responded to round two. The increase could be due to several factors; whilst the round two JISC survey was accepting responses, I was forwarded an email from a potential respondent containing details of my research which had been circulated from an adoption organisation. Furthermore, I had engaged in conversations with organisations who had been unable to participate in round one, but circulated information amongst their members in round two. Of the 46 respondents to round two:

- Two (4.3%) were from USA; two (4.3%) were from Australia; four (8.7%) were from Canada; two (4.3%) were from Republic of Ireland, 36 (78.3%) were from the UK.
- 23 (50%) were experts-by-experience; 13 (28.3%) were expert practitioners, 10 (21.7%) stated that both criteria applied to them.

Delphi round three

The third JISC survey was comprised of the same items as in round two except: Seven responses which had already achieved a strong consensus score were removed from round three; and a ‘don’t know’ response was included alongside the Likert scale after an analysis of round two qualitative responses demonstrated that some statements were given scores which were not reflective of the respondents thoughts. This third round was only sent to respondents who had completed a round two survey, with a completion period of a further six weeks Each respondent from round two was presented with a personalised survey, whereby they could see the percentage consensus (or lack thereof) of each statement, as well as their own score in the previous round, so that the respondents were able to review their individual scores against those of the group as a whole. Respondents were also presented with an anonymised statement that agreed with their score, and anonymised statement which disagreed, taken from the round two responses. Respondents were then asked to reconsider their scores and re-score based upon the current consensus and statements provided.

There were 40 respondents from the round three questionnaire, 87% of round two respondents also completed round three, and 87% of round one respondents completed all three rounds. Of the 40 round three respondents:

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- Two (5%) were from USA; two (5%) were from Australia; four (10%) were from Canada; two (5%) were from Republic of Ireland, 30 (75%) were from the UK.
- 23 (57.5%) were experts-by-experience; 11 (27.5%) were expert practitioners, six (15%) stated that both criteria applied to them.

Final responses were analysed using a standard statistical package (SPSS for Windows, 12). Scores for each item on the scales were collapsed into three bands indicative of strong disagreement, neither strong agreement nor disagreement and, strong agreement. 'Don't know' scores were removed from the overall analysis. Thus, the percentage of the sample either strongly agreeing or strongly disagreeing with each statement was used as one measure of the degree of consensus amongst the sample. Other measures included both the median and the interquartile range which were calculated for each statement. These three measures were used to determine the strength of agreement for each of the 46 core statements.

Agreement scores represent a percentage consensus of respondents who agreed that the statement is correct, whereas disagreement scores represent the percentage consensus of respondents who report that the statement is incorrect. As a result, it was possible to separate out the statements into four broad categories; firstly, those for which we can reasonably say that there is a high level of consensus amongst respondents; secondly, others for which there is a 'moderate level' of consensus which maintains considerable support as well as consistency; thirdly, others for which there is a high level of consistency but a 'low level' consensus; and finally, where there is 'no consensus' either due to low level of consistency, or no clear consensus. The following table demonstrates the conditions that need to apply for any statement to be classified in each of these four groupings.

Consensus	%		Interquartile (IQ) Range		Median
High	≥70%	AND	≤2	AND	1-2/4-5
Moderate	60%-69%	AND	≤3	AND	1-2/4-5
Low	50%-59%	AND	≤3	AND	1-2/4-5
None	<50%	OR	>3	OR	2.5-3.5

The final stage of this Delphi procedure was to group results into seven themes, which are presented below:

1. Defining and framing
2. Identifying the behaviours
3. Pathways to support
4. Assessment
5. Working with families
6. Interventions

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Consensus results

Defining and Framing

High consensus **agreement**

Statement	%	IQ	Median
Child-parent violence is more widespread than we realise.	*97.8	0	1
We should always see the child before the behaviour (i.e., the child bites, not they are a biter)	*91.1	0	1
Child parent violence is a public health issue	89.7	1	1
Children do not want to be violent and are also victims.	*81.8	1	1
Children under 11 initiating violence should be understood through a trauma informed lens	79	1	1
Perpetrator models should be avoided with children	78.8	2	2

Moderate consensus **agreement**

Statement	%	IQ	Median
Fear of labelling a child stops professionals from recording the details of violence.	66.7	2	2

Low consensus **agreement**

Statement	%	IQ	Median
Child-parent violence is domestic abuse.	59	1	1
Violence usually begins during a time of unrest in a child's life.	50	3	2

Low consensus **disagreement**

Statement	%	IQ	Median
Children who use violence will become violent adults.	53.8	3	4

No consensus

Statement	%	IQ	Median
Child-parent violence is a child trying to gain control of their parents.	55.3 agree	3	3

*Achieved consensus through strongly agree at second round

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Identifying the behaviours

Statement	%	IQ	Median

High consensus **agreement**

Statement	%	IQ	Median
Using violence towards animals is indicative of using violence in the home.	74.4	1	2

High consensus **disagreement**

Statement	%	IQ	Median
Damaging property is not a problem and can help children direct their anger in a healthy way.	76.9	1	5

Moderate consensus **disagreement**

Statement	%	IQ	Median
Children who use violence have always been victims of trauma themselves	76.9	3	4.5
From ages 0-6, violence on a semi regular basis is developmentally appropriate and is not a concern.	74.4	3	4

No consensus

Statement	%	IQ	Median
Having an intense interest in horror, murder, killings, can be indicative of a problem.	60	3	2.5

Co-researchers requested additional analyses to explore if there was a difference between expert by experience and expert by education respondents. A one-way ANOVA on SPSS 12 was completed to check this:

- One statement did not have a significant difference between the three groups ($p = 0.062$), however when participants who identified themselves as 'both' were removed from the data set there was a significant difference ($p = 0.027$) between groups on the below statement:
  - from ages 0-6, violence on a semi regular basis is developmentally appropriate and is not a concern.

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Pathways to support

Statement	%	IQ	Median

High consensus **agreement**

Statement	%	IQ	Median
All professionals who encounter children and parents should be trained to identify child-parent violence.	*93.2	0	1
Existing safeguarding pathways which are meant to keep children and adults safe from abuse are not adequate in cases of child-parent violence.	*89.1	1	1
If calling the police is the only option, many families will keep child to parent violence hidden	76.9	2	1
Distinct referral pathways should be available for child parent violence, where child parent violence specialists collate information from agencies and complete all direct work.	70	1	1

Moderate consensus **agreement**

Statement	%	IQ	Median
There should be posters about child parent violence in all areas where children and parents congregate.	60	3	1

*Achieved consensus through strongly agree at second round

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Assessment

Statement	%	IQ	Median

High consensus **agreement**

Statement	%	IQ	Median
A clear understanding of family dynamics is crucial before beginning any work.	*88.9	0	1
Assessments for sensory and neurological differences in the child can be helpful for families.	82	1	1
Assessments should be done at once with the whole family and not fragmented.	81.3	1	2
Parents are the experts and should be listened to first.	70	1	1

High consensus **disagreement**

Statement	%	IQ	Median
Most families seeking help do not require support, as most children will grow out of the behaviours without intervention.	72.5	1	5

Low consensus **disagreement**

Statement	%	IQ	Median
Home visits are essential	50	3	3.5

No consensus

Statement	%	IQ	Median
Parents should all have mental health assessments as part of the family assessment	32.8/ 44.7	2	3

*Achieved consensus through strongly agree at second round

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Working with families

Statement	%	IQ	Median

High consensus **agreement**

Statement	%	IQ	Median
Help should be offered as soon as families ask for it.	*97.8	0	1
Child parent violence is not caused by a failure in parenting.	84.6	0	1
It is crucial to work with families for prolonged periods to be effective	79.5	1	1
Peer support is essential, so group sessions are the preferred way to support families	76.4	1	1
Safety planning and risk assessments should be completed with every family	74.4	1	1

High consensus **disagreement**

Statement	%	IQ	Median
Work should not include a social worker under any circumstances.	70.3	2	5

Low consensus **agreement**

Statement	%	IQ	Median
The goal of work with these children is to help them understand themselves and why they are being violent	55	3	3

No consensus

Statement	%	IQ	Median
Strengths of the child should be the focus rather than behaviours.	62.5 agree	4	2
Children should be offered their own long term support worker who does not work with any other member of the family	38.5/ 43.6	3	2.5
Other issues in the family (mental health needs, repairing relationships) cannot be addressed until the violence significantly reduces	38.4/ 48.7	3	2
Children need to acknowledge and accept responsibility for their behaviours	42.5/ 42.5	4	2.5

*Achieved consensus through strongly agree at second round

Co-researchers requested additional analyses to explore if there was a difference between expert by experience and expert by education respondents. A one-way ANOVA on SPSS 12 was completed to check this:

- The following statement had significant difference between respondent groups:
    - It is crucial to work with families for a prolonged period to be effective: $p = 0.014$

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Interventions

Statement	%	IQ	Median

High consensus **agreement**

Statement	%	IQ	Median
Punishment and rewards do not work and can escalate violence.	76.9	1	1
So-called common sense/traditional parenting does not work if there is violence	71	1	1

Moderate consensus **agreement**

Statement	%	IQ	Median
Traditional parenting programmes do not work if there is violence.	69.5	3	2
Forgiving the violence is necessary to repair the relationship.	67.5	2	2

Moderate consensus **disagreement**

Statement	%	IQ	Median
Residential homes and schools are never appropriate for families experiencing child-parent violence	72.3	3	4.5

Low consensus **disagreement**

Statement	%	IQ	Median
A supportive family network is sometimes enough.	55.3	3	4

No consensus

Statement	%	IQ	Median
There is no such thing as a child who cannot live with a family, only children who think they don't deserve to	46.2/ 38.4	3	2.5

Co-researchers requested additional analyses to explore if there was a difference between expert by experience and expert by education respondents. A one-way ANOVA on SPSS 12 was completed to check this:

- The following statements had significant difference between respondent groups:
  - So-called ‘common sense’/traditional parenting does not work where there is violence: $p = 0.043$
  - Punishment and rewards do not work and can escalate violence: $p = 0.039$
  - A supportive family network is sometimes enough: $p = 0.03$

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Initial discussion of findings

The findings presented above represent some of the core issues and practice considerations regarding child-parent violence initiated by pre-adolescent children. The limitations of the Delphi method itself, as well as the size and nature of the sample meant that the findings should be considered indicative of the developing understanding of what is still an emerging field of practice, rather than conclusive. The statements and consensus should serve as a basis for further discussion, debate, and research.

The '*Defining and Framing'* section of the report had the highest level of consensus across all sections, with seven statements achieving a high level of consensus, three of which achieved this consensus in Round One; thus, demonstrating that there is a clear shared agreement across experts regarding how child-parent violence should (or should not) be defined and framed as a phenomenon.

The '*Working with families'* section had the highest number of statements which did not achieve consensus, with a total of four statements achieving no consensus. This, alongside the significantly differing responses between expert group demonstrates that whilst at this emergent stage of research and practice, there is significant room for development, despite a shared understanding of how child-parent violence should be framed.

Four statements had a significant difference in responses between the three groups (parents/practitioners/both):

1. It is crucial to work with families for a prolonged period to be effective: $p = 0.014$
2. So-called 'common sense'/traditional parenting does not work where there is violence: $p = 0.043$
3. Punishment and rewards do not work and can escalate violence: $p = 0.039$
4. A supportive family network is sometimes enough: $p = 0.03$

This difference may help to explain why statement 1 achieved only moderate consensus agreement, and statement 4 achieved a low consensus disagreement. However, despite the significant difference between respondent groups, both statement 2 and 3 achieved a high consensus agreement. Statement 1 came from the '*Working with families'* section of the report whereas statements 2-4 were found in the '*Interventions'* section of the report.

The next step is to use the initial findings presented in this report, as well as the in-depth qualitative statements generated during the study, to explore and discuss the nature of the

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consensus and divergence across the whole study, which will be published as a doctoral thesis at a later date.

Questions for services and practitioners to consider:

Defining and Framing

- Are you seeking out more appropriate models to understand and target the behaviours, rather than using perpetrator models?
- How does you work demonstrate that you view the child before the behaviour?
- Are you using a trauma-informed lens when working with children and young people?
- Are reports representing the family's experiences or have they been moderated due to concerns around labelling the child?

Identifying the behaviours

- Are there reports of a child or young person using violence towards animals?
  - Do you consider that this may be indicative of other forms of violence within the home?
- What tools and strategies are available to the children and young people you work with?
  - Tools that help them express their anger in a way which does not involve harm to others or damaging property?

Pathways to support

- Are all your staff trained to identify child-parent violence?
- Do you offer pathways to support which do not include police involvement?
- Do you offer distinct referral pathways for families in cases of child-parent violence?
- Do you have specialist child-parent violence workers in your team?
- Are you raising awareness of child-parent violence in the communities in which you work?

Assessment

- Do you provide time and opportunity to understand the family dynamics before beginning direct work?
- Do you listen to parents and recognise their expertise into their own family?
- How and why do you work with other services?
  - Is there opportunity to offer additional assessments, such as for sensory and neurological differences?
- Are you able to complete assessments in a comprehensive and clear way, or do you keep returning to follow up on additional assessments?

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Working with families

- Do you offer a pathway of support as soon as families request help?
    - Is there potential for you to refer into or run your own peer support network?
- Do you work with the family for a prolonged period or short-term basis and why?
- How do you consider risk for each family?
    - Do you conduct whole family risk assessments?
    - Do you provide families with safety plans?

Interventions

- What strategies are you recommending for families when punishment and rewards are escalating violence?
- Are you aware of the options regarding residential homes and schools for children in families where there is a significant risk of harm due to child-parent violence?
- How do you support families to consider and adapt their parenting strategies when traditional parenting approaches are ineffective?
    - If traditional parenting programmes do not work if there is violence, how are you working with parents to overcome this?

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